

# Health Benefit Frequently Asked Questions

July 2, 2012

1. **Question:** Do I have to use the new FSA Debit Card or can I continue to submit claims online or fax a claim form to HealthScope Benefits?

**Answer:** *No, you do not have to use the FSA Debit Card. You have three options of filing FSA claims: Debit Card, Submit online or Fax a claim form.*

2. **Question:** How will pregnancy/child birth be covered under the new plans?

**Answer:** *Pregnancy/child birth will be covered under the PPO and HRA plans as it is currently covered under the EPO plan. The first visit of the OB/GYN appointment will be subject to a \$20.00 co-pay. All other OB/GYN visits related to the pregnancy will be paid at 100%. Charges for the delivery will have a deductible and the plan will pay 80% with the member paying 20% up to a maximum out of pocket. The newborn will be covered under the same deductible and co-insurance as long as the baby discharges from the hospital with the mother.*

3. **Question:** Will the preventive care paid at a 100% be provided annually? And will this included lab work, x-rays and EKG's?

**Answer:** *Effective January 1, 2013, Preventive care is provided at 100% on an annual basis. To view a full preventive care list go to: <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>.*

4. **Question:** Do co-pays under the current EPO and PPO plans apply towards the deductible?

**Answer:** *No. Currently neither the EPO or PPO plans apply co-pays to deductibles.*

5. **Question:** If I have a family contract, do we have to meet the family deductible before the plan will pay 80%?

**Answer:** *No. Once one family member meets the individual deductible, the claims for that member will be paid at 80% with the 20% being the member liability up to the individual maximum out of pocket amount. The remainder of the family deductible will be met with a combination of the remaining family members. Once this remainder family deductible has been met the claims for those members will be paid at 80%.*

6. On the HRA plan, does the City pay the first \$1500 towards the family deductible?

**Answer:** *The City will fund the HRA account \$750 for an individual and \$1500 for a family contract. Members can choose to use these funds for their deductible and/or co-insurance or the member can choose to pay from their FSA account or pay out of pocket and allow the \$750 or \$1500 roll over to the next plan year.*

7. Will the premiums for insurance be pre-taxed and if so will reimbursements from my FSA medical account be taxed?

**Answer:** *Yes, premiums for insurance will continue to be deducted from your pay check on a pre-tax basis. FSA medical will also continue to be deducted on a pre-tax basis. Both medical premiums and FSA funds are not considered to be taxable.*

8. With the HRA plan, how much will be paid towards lab work and diagnostics including x-rays, MRI's, CAT scans, etc.?

**Answer:** *Lab work and diagnostics including all x-rays will be paid by the member and applied towards the deductible/co-insurance amounts up to the maximum out of pocket. If the service being provided is covered under the Preventive list and the physician is ordering on an annual basis for preventive measures, then it would be covered at 100%.*

9. If I choose the HRA plan this year can I switch to the PPO plan the next year?

**Answer:** *During the next Open Enrollment or if you experience a qualifying event you can switch to the other plan. Please note that if you switch from the HRA to the PPO plan you will forfeit any remaining HRA funds (\$750 or \$1500) contributed by the City. If you switch back the next year from the PPO to the HRA plan, you will start over with the City funded amount. However, the balance from the previous year would not be placed back into your account.*

10. Will the medical FSA be available to all employees even if they do not elect the HRA plan?

**Answer:** *Yes, the medical and dependent care FSA is available to all full-time employees.*

11. What is co-insurance?

**Answer:** *Co-insurance is the percentage of healthcare costs that you share with the plan once the deductible has been met. Here's an example of a member who has elected the employee only PPO plan: Once the member meets the \$500 individual deductible, the plan will pay 80% and the member will pay 20% co-insurance of the contractual discounted rate. However, the member would only pay the 20% + deductible up to \$1500 out of pocket maximum. This is all based on the member using an in-network provider.*

12. If your spouse also works for the City can you and your spouse elect 2 individual contracts?

**Answer:** *Yes, you and your spouse can each elect to enroll in two separate, individual contracts.*

13. Do I have to meet my deductible/co-insurance for either the PPO or HRA plan before I begin paying my co-pays?

**Answer:** *No, you either have a deductible/co-insurance or a co-pay.*